## Entry Blank—Please Type or Print

Signature 🔀

18L

□ Ms./Artist  Mr./Artist  Steve	en Mastroianni	
	(last name last)	
Permanent 1944 Address Street	E. 123 #5, Cleve.	
44106	Daytime Tel. (216) 229-245	
Zip	area	
Temporary or Studio Address		
	Street City	
	Daytime Tel. ( )	
Zip	area	
If you do not presently live in one of the counties of the Western Reserve, in which county were you born?		
Collaborator (if any)		
If May Show entries are not accommodate will pick up at Museum Discount Museum should dispose of.  Museum should ship to artist	1.	
Street		
City Sta	ste Zip	
Special Instructions		
Entry Blank must be completed be accepted.	in full and signed; forms received unsigned will not	
When necessary, include instruct an object.	tions or a drawing for assembling and displaying	
that the Museum shall dispose f	n delivery and return of objects. It is understood for its own account any objects not picked up by understood that accepted objects will remain on	
terms and conditions printed he	e construed as an acceptance by the artist of all rein.	
I have received the unsold/unacc	repted object(s) in good condition.	

1989 MAY SHOW The Cleveland Museum of Art Cleveland, Ohio 44106

Steven Mas	troianni
Name	
1944 E. 123	#5
Address	
Cleve. OH	44106
City & State	Zip

## Do Not Notification #2 Detach ☐ Paintings ☐ Graphics Photography ☐ Sculpture ☐ Crafts Title Triptych, March 1989# NOT ACCEPTED ACCEPTED DO NOT WRITE IN THIS SECTION (3) 108 B ☐ Paintings ☐ Graphics **Photography** Do Not Detach ☐ Sculpture ☐ Crafts Title Triptych, March 1989 #3

DO NOT WRITE IN THIS SECTION ACCEPTED NOT ACCEPTED

ACCEPTED NOT ACCEPTED

Return of Objects

Not Accepted: June 20–24 Accepted: August 15–19

It is understood that the Museum shall have the right to dispose for its own account any object not called for by the dates listed.

THIS IS YOUR ONLY RECEIPT TO CLAIM YOUR OBJECT